

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-10-2005 90137 015 ***163.75

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000100383 1. Entity Name ALTA FINANCE & INVESTMENTS, INC.																																																		
Principal Place of Business 17071 NE 20 AVENUE MIAMI FL 33162 US			Mailing Address 17071 NE 20 AVENUE MIAMI FL 33162 US																																															
2. Principal Place of Business		3. Mailing Address																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																
City & State		City & State																																																
Zip	Country	Zip	Country																																															
6. Name and Address of Current Registered Agent				4. FEI Number 20-2516741																																														
PEREZ, TANIA R 17071 NE 20 AVENUE MIAMI FL 33162				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																														
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																														
				7. Name and Address of New Registered Agent																																														
				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Tania R. Perez</i></u> TANIA R. PEREZ - PRESIDENT <u>03/03/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PEREZ, TANIA R</td> <td>17071 NE 20 AVENUE</td> <td>MIAMI FL 33162</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		PEREZ, TANIA R	17071 NE 20 AVENUE	MIAMI FL 33162		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Tania R. Perez</i></u> TANIA R. PEREZ <u>03/03/05</u> 305-527-7348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																		